

Foster Family Home - Corrective Action Report

Provider ID: 1-628117

Home Name: Laura Dela Cruz, RN

Review ID: 1-628117-6

94-1078 Haalau Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 1/23/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

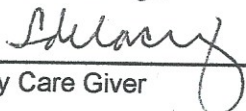
Comment:

Home visit for a 2 person CCFFH recertification review made on 1/23/2019.

6.(d)(1) - Home in compliance with all requirements.



Compliance Manager



Primary Care Giver

1/23/19
Date

1/23/19
Date